

COLLEGE OF BUSINESS COURSE OVERRIDE REQUEST

Department: _____ **Advisor:** _____

Term/Year: Fall _____ Spring _____ Summer _____

Student Name: _____ **Banner ID:** _____

Mobile Phone Number: _____ **Email Address:** _____

Please include a phone number where we can contact you in case problems or questions arise regarding your request.

Please indicate **ALL** override categories. Forms will **NOT** be processed if all applicable categories are not checked.

Use the format below to request course overrides for courses in your Department **ONLY**

EXAMPLE

CRN	Course ID	Section	Course Title	Type of Override (select all that apply)		
				Closed Class	Permit or Pre-req	Time Conflict
10001	ACCT200	01	Financial Accounting Principle	X		

CRN	Course ID	Section	Course Title	Type of Override (select all that apply)		
				Closed Class	Permit or Pre-req	Time Conflict

Student's Signature: _____ Date: _____

Department Chairperson's Signature: _____ Date: _____

Entered into Banner by: _____ Date: _____

COMMENTS: _____